

FSA U Resource Request Form

Project Name		Date request submitted	xx/xx/xx
Requestor			
Team Lead			
Please answer the following questions to initiate the resource planning process.			
Category	Please enter your response in this column		
1. Skills Please provide a brief description of the knowledge/skills needed to fill this staffing need.			
2. Suggested Person / Alternate(s) Provide the name of the person you are suggesting join the team. List alternate name(s) if possible.			
3. Estimated Time Per Week Estimate the amount of hours this person will be required to work on this project per week.			
4. Estimated months you will need this person. Specify the number of months this person will work on the team.			
5. Will this person's time commitment change during the life of the project? If "yes", indicate the number of hours per week required of this person over the next 3 months.	Yes/No?		
	Month 1:		
	Month 2:		
	Month 3:		
6. Considerations/ Impact List considerations affecting FSA U. Examples include, cost, impact on other projects, timeframe.			
Additional Comments:			

Resource Approved? (Y/N)	
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